

Siren

SUMMER 2019

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION





CAA Vision

Assure delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices.

CAA Mission

Serve as the voice and resource on behalf of emergency and non-emergency ambulance services to promote effective and fiscally responsible EMS systems and standards.

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Circulation among California's private ambulance providers, elected officials and EMSA administrators.

President's Message



Alan McNany | President

To start my final letter to the CAA membership, I would like to congratulate all the 2019 *Stars of Life* recipients. Attending the *Stars of Life* celebration is my favorite event of the year. Listening to the emotional stories and superior patient care that these individuals provided to change a life is truly an inspiration. Their stories re-affirm why we as EMT's, paramedics, dispatchers and nurses joined the profession of EMS; to save lives and to make a difference in our communities. I would also like to thank the commercial sponsors that participated in the event because without you, events like these would not be possible.

I would like to thank Ross Elliott, our past Executive Director for the years of dedication and hard work he has provided to the CAA. Ross never seemed to stop working, and was always emailing the Board, day and night, on weekends and holidays. His tireless commitment to the CAA made it a better organization and again, I thank you Ross. I wish you well in your retirement.

As my term as President comes to an end, I would like to thank my fellow Board and Committee Members for their hard work and support over the years. There are certain individuals that went well beyond the call of duty. Donna Hankins, payor issues chair, is one individual who deserves to be recognized. Donna has spent countless hours solving payor issues, so all of us are reimbursed properly and ensures we can continue to deliver quality service.

The CAA, in existence for over 70 years, is going strong but we have a lot of work still to come in the future. Community Paramedicine, Medicare for All, and eliminating private EMS dispatch centers are all on our radar. I strongly encourage those members of the CAA that do have a little extra time to commit, to please do so. The future of our industry relies on those who can step up and carry out our important work.

I hope to see you all at the Annual convention. 🌟

Executive Director's *Report*



Ross Elliott | Executive Director

One of the greatest honors of my life, professionally, was to serve as the CAA's executive director. My decision to step down and retire has been difficult. The CAA is a truly wonderful organization that has and is accomplishing many positive things for the ambulance industry. Thank you for your support over the past few years. The joy of working with the Board of Directors, Committee Chairs, the other consultants, and our members in making changes occur and achieving our goals has been rewarding and inspiring.

As far as I am concerned, the Board of Directors and committee chairs are unsung heroes. All have devoted a great deal of time and energy away from their "day jobs" and families to support and make the ambulance industry in California better. They have along with all of the CAA members:

- Re-established and opened lines of communication and cooperation with DHCS (Medi-Cal)
- Produced several high-quality conferences and educational events
- Corrected several Medi-Cal billing problems
- Initiated legislation and built CAA's credibility in Sacramento
- Successfully fought against rigged or unfair RFP's for ambulance EOAs (Contra Costa and Alameda), and sending signal that CAA is a "force" that cannot be ignored
- Advanced the APOT issue; kept attention on this topic and seeing incremental improvements through legislation
- Established weekly communications with members; added value of membership and awareness of CAA activities
- Provided additional tangible membership benefits (Medic CE, ID Shield, Savvik, etc.)

- Initiated and implemented the CAASE awards program to recognize and boast about the incredibly positive actions and programs implemented by our member companies
- Documenting and sharing best practices in the ambulance industry on a variety of important operational topics; sharing how others have solved the problems that everyone faces
- Actively supported Prop 11 and worked to get favorable editorials in advance of the election; resolving a costly labor/wage & hour problem
- Actively supported and endorsed GEMT-QAF proposal; which for many increases the Medi-Cal reimbursement; this initiative was led and financed by the 9-1-1 Alliance

Wise people have said "quit while you are ahead." Now that the Medi-Cal reimbursement issue is solved/improved (for most), the State is taking an active role in prohibiting rigged and unfair RFP's for ambulance EOAs, a great deal of attention is being brought to bear on the APOT issue, CAA member benefits have been expanded, and the CAA is moving ahead and making great forward progress then it is the right time for me to step down.

The ambulance industry faces many challenges and changes ahead. It is now more important than ever for the CAA to be a venue where all ambulance providers in California come together, join forces, and speak as one. If, as an industry, we are splintered and working independently to combat tomorrow's major challenges, the chances of defeat are greater. Look what's been accomplished in the last few years. Imagine what can be achieved if the ambulance companies statewide are all working together to solve problems. With your collective wit, imagination, courage, resources and leadership most if not all obstacles can be overcome. ✨

Legislative Update



Chris Micheli | Legislative Advocate

2019 Priority Legislation

February 22 was the deadline for introducing bills for consideration during the 2019 California Legislative Session. There were 2,675 bills introduced by this year's deadline. Bills have been through their first policy committees and some are being heard by the fiscal committee, while others are headed to the Senate and Assembly Floors. The following are the key bills in the Assembly and Senate related to the EMS industry in this state:

ASSEMBLY BILLS

AB 26 (Rodriguez) **Emergency Ambulance Employees**

This bill would require an emergency ambulance provider to provide each emergency ambulance employee, who drives or rides in the ambulance, with body armor and safety equipment to wear during the employee's work shift. The bill would also require the emergency ambulance employer to provide training to the emergency ambulance employee on the proper fitting and use of the body armor and safety equipment. The bill would not apply to the state or a political subdivision thereof. **The CAA is opposed to this bill. It has become a two-year bill and will be considered during the 2020 Legislative Session. It is currently pending in the Assembly Labor & Employment Committee.**

AB 27 (Rodriguez) **Emergency Ambulance Employee Safety and Preparedness Act**

This bill would additionally require every current emergency ambulance employee, on or before July 1, 2020, and every new employee hired on or after January 1, 2020, within 6 months of being hired, to attend a 6-hour training on violence prevention that includes, among other things, understanding types of anger, proven and effective verbal deescalation skills, and hands-on demonstrations, workshops, and role-playing scenarios. The bill would require an emergency ambulance employee, following the completion of the 6-hour violence prevention training, to receive a one-hour refresher course each calendar year thereafter. The bill would require the training to be provided free of charge to an emergency ambulance employee and would require the employee to be compensated at the employee's regular hourly rate of pay while participating in the training. **The CAA is opposed to this bill. It has become a two-year bill and will be considered during the 2020 Legislative Session. It is currently pending in the Assembly Labor & Employment Committee.**

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Legislative Update

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AB 451 (Santiago)

Health care facilities: Treatment of Psychiatric Emergency Medical Conditions

This bill would require a psychiatric unit within a general acute care hospital, a psychiatric health facility, or an acute psychiatric hospital that has accepted a person for the purpose of determining the existence of a psychiatric medical emergency condition, to provide emergency services and care to treat that person, regardless of whether the facility operates an emergency department, if the facility has appropriate facilities and qualified personnel. These requirements would not apply to a state psychiatric hospital. **The CAA is monitoring this bill. It is currently pending on the Assembly Floor, where it is expected to pass.**

AB 453 (Chau)

Emergency Medical Services Training

This bill would require EMT-I, EMT-II, and EMT-P standards established pursuant to the above provision to include a training component on how to interact effectively with persons with dementia and their caregivers. The bill would specify that the authority is authorized to consult with community organizations advocating on behalf of Californians

with dementia or Alzheimer's disease in developing the component. **The CAA is monitoring this bill. It is currently pending in the Senate after having passed the Assembly.**

AB 651 (Grayson)

Air Ambulance Services

This bill would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee, insured, subscriber (individual) receives covered services from a noncontracting air ambulance provider, the individual shall pay no more than the same cost sharing that the individual would pay for the same covered services received from a contracting air ambulance provider, referred to as the in-network cost-sharing amount. The bill would provide that an individual would not owe the noncontracting provider more than the in-network cost-sharing amount for services. The bill would authorize a noncontracting provider to advance to collections only the in-network cost-sharing amount that the individual has failed to pay. The bill would authorize a health care service plan, health insurer, or provider to seek relief in any court for the purpose of resolving a payment dispute, and would not prohibit

a provider from using a health care service plan's or health insurer's existing dispute resolution processes. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

This bill would, commencing January 1, 2020, and to the extent that federal financial participation is available and necessary federal approvals have been obtained, require the department to set and maintain the Medi-Cal fee rate for air ambulance services provided by either fixed or rotary wing aircraft that is equal to a percentage of the rural Medicare rates for those services. The bill would provide, commencing January 1, 2020, the amounts a noncontract emergency medical transport provider may collect if the beneficiary received medical assistance other than through enrollment in a Medi-Cal managed care health plan pursuant to a specified federal law would be the resulting fee-for-service payment schedule amounts after the application of the newly established rate. **The CAA is monitoring this bill. It is currently pending in the Assembly Appropriations Committee Suspense File.**

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The California Ambulance Association is now welcoming non-members to subscribe to the *Siren* magazine. Published quarterly, the *Siren* is a comprehensive source of information on issues that are important to the ambulance industry. Contents include feature articles, association educational and networking events, legislative updates and analysis, member news and much more.



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Legislative Update

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AB 680 (Chu)

Public Safety Dispatchers: Mental Health Training

This bill would additionally require the commission to adopt two mental health training courses for local public safety dispatchers that cover specified topics, including recognizing indicators of mental illness, intellectual disabilities, or substance use disorders, and conflict resolution and deescalation techniques. The bill would require the basic training course to consist of a minimum of four hours and the continuing training course to consist of a minimum of one hour. **The CAA is monitoring this bill. It is currently pending in the Assembly Appropriations Committee Suspense File.**

AB 911 (Rodriguez)

911 Services: Elder Adults and Persons With Disabilities

This bill would require the office, by January 1, 2022, to establish a statewide system that enables all Californians, including older adults, individuals with disabilities, and other at-risk persons, to voluntarily share specified information about themselves, via a secure internet website, to be transmitted to first responders during an emergency, as provided. The bill would require the office to assist participating local governments in the adoption of the appropriate technology to implement the system and in making specified determinations about the system. **The CAA is monitoring this bill. It is currently pending in the Assembly Appropriations Committee Suspense File.**

AB 921 (Arambula)

The CAA supports this bill as its sponsor. The measure is intended to address civil liability issues related to W&I Code Section 5150 transfers. The CAA is working with interested groups and legislative committee staff to address concerns. **The CAA is supporting this bill. It is currently pending in the Assembly Rules Committee.**

AB 1062 (Limon)

Pupil Instruction: Community Emergency Response Training

This bill would require, if the governing board of a school district requires the completion of community service hours as a requirement for graduation from high school, a school district to provide a pupil with credit for no less than 20 hours of the required community service hours upon completion of a course in community emergency response training. **The CAA is monitoring this bill. It is currently pending on the Assembly Floor.**

AB 1168 (Mullin)

Emergency Services: Text To 911

This bill would require each public safety answering point to deploy a text to 911 service, no later than January 1, 2021, that is capable of accepting either Short Message Service messages or Real-Time Text messages. **The CAA is monitoring this bill. It is currently pending in the Assembly Appropriations Committee Suspense File.**

AB 1231 (Boerner Horvath)

Emergency Services

This bill would require response time requirements in any contract for ground emergency medical transportation entered into, amended, or renewed, by a state or local entity on and after January 1, 2020, to be consistent with performance standards established by the International Academies of Emergency Dispatch. **The CAA is monitoring this bill. It has become a two-year bill and will be considered during the 2020 Legislative Session. It is currently pending in the Assembly Rules Committee.**

AB 1544 (Gipson)

Community Paramedicine or Triage to Alternate Destination Act

This bill would establish within the act until January 1, 2030, the Community Paramedicine or Triage to Alternate Destination Act of 2019. The bill would authorize a local EMS agency to develop a community paramedicine or triage to

alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop regulations to establish minimum standards for a program, and would further require the Commission on Emergency Medical Services to review and approve those regulations. The bill would require the authority to review a local EMS agency's proposed program and approve, approve with conditions, or deny the proposed program no later than six months after it is submitted by the local EMS agency. The bill would require a local EMS agency that opts to develop a program to perform specified duties that include, among others, integrating the proposed program into the local EMS agency's EMS plan. The bill would require the Emergency Medical Services Authority to submit an annual report on the community paramedicine or triage to alternate destination programs operating in California to the Legislature, as specified. The bill would also require the authority to contract with an independent 3rd party to prepare a final report on the results of the community paramedicine or triage to alternate destination programs on or before June 1, 2028. **The CAA is opposed to this bill. It is currently pending in the Assembly Appropriations Committee Suspense File.**

AB 1708 (Rodriguez)

Emergency Response: Trauma Kits

This bill would define "trauma kit" to mean a first aid response kit that contains specified items, including, among other things, at least two tourniquets. The bill would require a person or entity that supplies a trauma kit to provide the person or entity that acquires the trauma kit with all information governing the use, installation, operation, training, and maintenance of the trauma kit. The bill would apply the provisions governing civil liability described above to a lay rescuer or person who renders emergency care or treatment by the use of a trauma kit and to a person

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Legislative Update

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or entity that provides training in the use of a trauma kit to provide emergency medical treatment, or certifies certain persons in the use of a trauma kit. This bill would require the person or entity responsible for managing the building, facility, and tenants of the above-referenced occupied structures, including those that are owned or operated by a local government entity, and that are constructed on or after January 1, 2020, to comply with certain requirements, including acquiring and placing a trauma kit on the premises, periodically inspecting and replacing the contents of a trauma kit, restocking the trauma kit after each use, and notifying tenants of the building or structure of the location of the trauma kit. The bill would exempt a person or entity from liability for civil damages resulting from any acts or omissions in the rendering of emergency care if those requirements have been met. **The CAA is monitoring this bill. It is currently pending in the Assembly Appropriations Committee Suspense File.**

SB 438 (Hertzberg) **Emergency Medical Services:** **Dispatch**

This bill would prohibit a public agency from delegating, assigning, or contracting for "911" emergency call processing or notification duties regarding the dispatch of emergency response resources unless the delegation or assignment is to, or the contract is with, another public agency or made pursuant to a joint powers agreement or cooperative agreement. The bill would state the Legislature's intent to affirm and clarify a public agency's duty and authority to develop emergency communication procedures and respond quickly to a person seeking emergency services through the "911" emergency telephone system. This bill would provide that medical control may not be construed to limit the authority of a public safety agency to directly receive and administer "911" emergency requests originating within the agency's territorial jurisdiction, or determine the appropriate deployment of emergency response resources

within the agency's territorial jurisdiction. The bill would also clarify that a public safety agency does not transfer its authority to administer emergency services to a local EMS agency by voluntarily limiting or modifying its prehospital response pursuant to an EMS dispatch protocol approved by a local EMS agency. **The CAA is opposed to this bill. It is currently pending on the Senate Floor for a vote.**

SB 670 (McGuire) **Telecommunications: Outages** **Affecting Public Safety**

This bill would require a provider of telecommunications services, as defined, that provides access to 911 service to provide responder outage notification by electronic mail to the Office of Emergency Services whenever an outage occurs limiting the provider's customers' ability to make 911 calls or receive emergency notifications, within 60 minutes of discovering the outage. The bill would make the Office of Emergency Services responsible for notifying any applicable

county office of emergency services and the sheriff of any county affected by the outage. The bill would require the responder outage notification to the Office of Emergency Services to include the telecommunications provider's contact name, a calling number to be staffed as specified, and a description of the estimated area affected by the outage. The bill would require the telecommunications services provider to notify the Office of Emergency Services of the estimated time to repair the outage and when service is restored. The bill would require the office, except as provided, to keep the responder outage notifications confidential. **The CAA is monitoring this bill. It is currently pending in the Senate Appropriations Committee Suspense File. ***

Chris Micheli is an attorney and legislative advocate for the Sacramento governmental relations firm of Aprea & Micheli, Inc.



CAA Membership is a Business Essential

The business environment, the healthcare sector and the EMS industry are evolving at an ever-increasing pace. At the CAA we are dedicated to providing members with the essential tools, information, resources, and solutions to help your organization grow and prosper. And, the CAA's collective efforts on statewide legislative and regulatory issues are not possible without strong membership support and engagement.

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Member News



The CAA's annual *Stars of Life Awards & Legislative Summit* was held on Monday, April 22, 2019 in Sacramento. Using the Sheraton Grand Hotel as the venue, just one block from the State Capitol, was convenient for legislative visits and fittingly elegant for the award winners.

Thirty two individuals received a *Star of Life*, and these people (*Stars*) represented eight ambulance companies. See listing of awardees. *Star of Life* recipients were recognized for a range of achievements, including bravery and heroism, saving lives, clinical excellence, service excellence, leadership, and being the best at what they do. Each individual story of each Star is inspiring, and the work they have performed serves as a small example of the great service being delivered by the private ambulance industry in California every day.

The day began with an orientation, breakfast, and the awarding of the *Stars of Life* medals. Instructions were given during the orientation regarding the schedule of events and key messages that the CAA wants to communicate to legislators. The key

legislative messages delivered by the *Stars* and their company hosts were:

- Private-sector ambulance services are essential to the EMS system because they are the most cost-effective means of providing this service to a community. 82% of the ambulances in California are owned and operated by private companies. In comparison, fire departments/public agencies, although highly visible play a small role in providing ambulance service in California.
- Raise the legislator's awareness of all the good things your company does for the public in his/her legislative District. Tell some stories about great service, excellent care, and wonderful outcomes you and your company have provided to his/her constituents. Tell the Stars' stories and explain why your people are being recognized.
- If you company provides services beyond ambulance service, such as an AED program, hands-only CPR instruction,

support of local/community events, and etc. explain those.

- The main purpose today is to convey the message that your company and the services it provides are excellent, high quality, and essential.

Midday was spent visiting and meeting with legislators and conveying these key messages. *Stars* got the opportunity to share their stories with the State's political leaders. Several of the *Stars* were given VIP tours of the Capitol, and some of the *Stars* sitting in the chamber gallery of the Assembly were recognized during the legislative session.

The evening festivities included an informal social hour/reception and a formal dinner including the awards ceremony. Each individual *Star of Life* recipient was honored as the audience heard about their lives and circumstances that led to receiving this award. This year, special and stunningly beautiful commemorative plaques were awarded in addition to the *Star of Life* medal.

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Member News

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President Alan McNany made a special presentation to Executive Director Ross Elliott, who plans to retire in the coming weeks. He was honored for his years of service to the CAA.

The evening ceremony concluded with a raffle for valuable and desirable prizes, each of which have been donated by sponsors and members. Only the *Stars* are eligible to win, and it was a fun and exciting way to close the ceremony.

The annual *Stars of Life* celebration is one of CAA's signature events of the year. It is an expensive endeavor, and it would not be possible without the support and generous contributions from our sponsors. We thank, and we encourage you to thank, the following businesses: **Medic Ambulance; Stryker EMS; Pacific Credit Services; American Legion Post #108 Ambulance; Bound Tree Medical; King-American Ambulance, and Collectibles Management Resources.**

Planning for 2020 *Stars of Life* has already begun, and it will again be held at the Sheraton Grand Hotel. Unless some urgent matter arises that disrupts our plans, the next *Stars of Life* event will be May 13 and 14, 2020. 🌟

Turn to page 10 to see the complete list of 2019 Stars of Life Recipients.



Member News

CAA's 2019 Star of Life Recipients

Jeremy Adams

Paramedic
King American Ambulance

Luis Arechiga De Dios

Field Training Officer & EMT
Royal Ambulance

Russell Banks

Paramedic
Riggs Ambulance Service

Kristin Bayer

Paramedic
Medic Ambulance Service – Sacramento Division

Chuck Coelho

Paramedic
Patterson District Ambulance

Ian Collier

Paramedic/FTO
King-American Ambulance

Jastin Costa

EMT
Medic Ambulance Service – Sacramento Division

Sarah Dreiling

Paramedic
San Luis Ambulance

Chris Elton

Paramedic
Medic Ambulance Service – Solano County

Daniela Flores

Paramedic
Medic Ambulance Service – Solano County

Lisa Glasgow

Critical Care Transport Nurse
Royal Ambulance

Brian Hannameyer

Paramedic
Patterson District Ambulance

Brady Hartinger

EMT
Medic Ambulance Service – Solano County

Shelby Hindahl

EMT
Medic Ambulance Service – Sacramento Division

Erik Johansen

Lead Field Training Officer & EMT
Royal Ambulance

Christopher Knopp

Supply Support Technician
Medic Ambulance Service – Solano County



Ethan Krause

Paramedic
Medic Ambulance Service – Solano County

Maxwell Lawrence

Operations Supervisor – Santa Clara County
Royal Ambulance

Tucson Lee

EMT
Medic Ambulance Service – Solano County

Mason McNulty

Field Training Officer & EMT
Royal Ambulance

Olivia Meehan

Field Training Officer
Royal Ambulance

Josh Mendoza

EMT
San Luis Ambulance

Jessica Patterson

Dispatcher
Medic Ambulance Service

Kristen Pekarske

Paramedic/New Employee Coordinator
City Ambulance of Eureka, Inc.

Derek Ratzel

Paramedic
American Ambulance

Leah Rogers

Dispatcher
American Ambulance

Jonathan Schadt

Paramedic
American Ambulance

Katherine Schneider

Paramedic
American Ambulance

Kimberly Shelton-Isaacson

Medical Dispatcher
Riggs Ambulance Service

Marcus Spencer

Critical Care Transport EMT
Royal Ambulance

William White

Paramedic
Medic Ambulance Service – Solano County

Kyle Yager

EMT
Medic Ambulance Service – Solano County

Member News

Photos From the 2019 *Star of Life*



Member News

Photos From the 2019 *Star of Life*



Feature Article

The Impact of the State Budget on California Policy

Chris Micheli

Apréa & Micheli, Inc.



California's budget process continues to have a major impact on the state's public policy agenda. Why? Because numerous policy changes are enacted each year as part of the budget process. In other words, public policy continues to be done as part of the funding of state government; but policy also gets done as part of the implementing legislation for the budget.

For decades, the state budget required a 2/3 super majority vote for adoption each year. As we were told, California was one of just three states to require a super-majority vote and this resulted in most-often late adoption of the state budget amid partisan wrangling. As the Legislature was generally controlled by Democrats and the Governor's Office was occupied by a Republican, state budgets often got negotiated by the "Big Five" leaders – the Governor, Senate President pro tempore, Assembly Speaker, Senate Republican Leader, and Assembly Republican Leader.

In these Big 5 negotiations, the four legislative leaders and the governor often hotly debated how to allocate the state's resources, including tens of billions of General Fund dollars, Special Fund dollars, and federal monies. Because Republicans were in the minority in terms of legislative representation, and most of their bills failed passage in the first policy committees, they began viewing these budget negotiations as an opportunity to "leverage" the need for a handful of their votes (in addition to the expected Democrat majorities) in order to pass the budget.

So, what could they leverage their budget votes for? It was often to address policy issues or specific bills that they wanted passed that would not otherwise get through the Democrat-controlled Legislature. This was also an opportunity for interest groups to suggest their proposals be made part of these Big 5 budget negotiations. Sometimes these were a package of bills; sometimes they resulted in ballot measures, such as adoption of the open primary system.

After a fair amount of time and repeated long-delayed budgets, and the feeling of being leveraged for policy changes that there sometimes difficult to accept, interest groups placed on the statewide ballot a measure, Proposition 25, that reduced the vote threshold from 2/3 majority to a simple majority. As a result of this measure that was adopted by the voters, there were now on-time budget and negotiations were had between Democratic leaders and the Democratic governor.

While Democrats no longer needed Republican votes to pass the budget, and they assumed that they would no longer be leveraged to adopt objectionable policy changes as a part of the annual budget deal, policy changes still occur in the budget negotiations because either the Governor, or legislators for their individual votes, or a combination of the two, want them.

All those years of adopting policy changes as a part of the state budget accord had created supporters both in the Governor's Office as

well as Democratic legislators' offices. In other words, they all liked the idea of expedited review and adoption of bills and policy changes through the shortened budget process, rather than pursuing policy change through the lengthy and contentious legislative bill process. Such an open and lengthy process also means plenty of opportunity for public input, hearings, media attention, and lobbying that sometimes legislators and the governor do not like or want in regards to a proposed policy or law change.

As a result, doing policy through the state budget process continues unabated even after the adoption of Prop. 25. And, for Republicans, it is even worse because not only do they not have leverage to get some of their priority policy changes adopted, but also, they are often left objecting to what Democrats do in these budget trailer bills that are adopted to make statutory changes.

To understand how these policy changes are accomplished, there needs to be an understanding of the budget process in this state. While there is a main budget bill, there are also more than two dozen "trailer bills" that are adopted each year, most at the same time as the budget bill in mid-June, but also even later in the summer.

While the budget bill makes appropriations of the dollars to be spent during the forthcoming fiscal year (which runs July 1 through June 30 in California), these trailer bills (called

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Feature Article

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that because they “trail,” or follow the main budget bill) were originally designed to make any statutory changes needed to implement the main budget bill. There can also be one or two “budget bill juniors” which make changes to the main budget bill.

There used to be only a handful of these trailer bills, but their number has mushroomed as the need for more and more policy changes has grown. As a result, we see many more of these bills being used to adopt often controversial law changes that would likely not have been successful if they had been tried in the normal legislative process.

Beyond these points, the state budget is often described as the most important bill that is adopted each year, and one that has to be adopted annually, because this bill spends the state’s nearly \$200 billion in state and federal funds that are received each year. This budget is allocated to over 200 state agencies, departments, boards, and commissions, as well 58 counties, 482 cities, transportation agencies, and over 3,000 special districts up and down this state.

As we know, how this money is spent or not spent impacts how laws, regulations and policies are implemented, enforced and interpreted whether by the courts or state agencies, or local governments. As a result, the role of the state budget in making public policy in this state cannot be underestimated.

The state budget bill is the single most important bill that must be adopted each year to keep state and local governments in California operating. Its impact can be felt at every level of government. Unfortunately, few around the Capitol follow the budget process, let alone fully understand it and how it can and does impact so many aspects of state and local governments. *

Chris Micheli is a Principal with the Sacramento governmental relations firm of Aprea & Micheli, Inc. He also serves as an Adjunct Professor at McGeorge School of Law in its Capital Lawyering Program.



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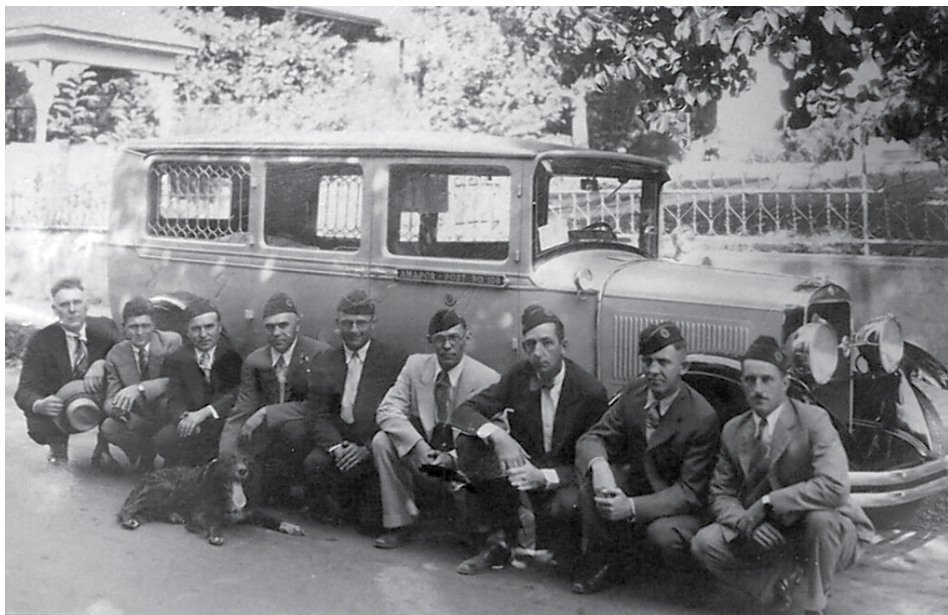
Member Spotlight:

American Legion Post #108 Ambulance



Celebrating 90 Years of Service

Alan McNany | American Legion Post #108 Ambulance



1929 photo (left to right) Al Davies, Lute C. Bourne, Louis Malatesta, Charles Raggio, Antone Spinetti, Clyde Getchell, Alexander Gibson, Howard Dayton, Alfred Malatesta.

American Legion Post No. 108 Ambulance Service was formed in September of 1929 by the American Legion Amador Post 108 membership, who were looking for a community project.

The ambulance service was operated by volunteer members of Post 108. Initially, the service was created to help veterans get to the hospital or doctor appointments. The first ambulance was a 1929 Studebaker

Commander Model 8 (shown in photo above). Eventually, the service was expanded to the entire community.

Starting back in 1924, American Legion Posts across the United States formed ambulance service for their communities. There were literally hundreds of Legion Posts that provided ambulance services until the late 1960's when private companies began to operate ambulance companies. Today, there are only eight American Legion Posts still operating ambulance services. Amador Post No. 108 is the only Post on the West Coast, while the other seven Posts are in New York, Delaware, New Jersey and Pennsylvania.

In 1933 American Legion Post No. 108 began an "Ambulance Ticket" campaign to raise money for the Post to offset the cost of providing ambulance services. The first Ambulance Ticket was sold for \$3.00. Today, ticket sales are a popular way for members of our service areas to manage health care

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Member Profile

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costs, whether for one trip or multiple trips. In 2015 we partnered with all of our local air ambulance providers and began ticket sales for combined air and ground coverage.



Finally, in the early 1970's, American Legion Post No. 108 Ambulance Service personnel were paid for their service. This signaled bigger changes to come in the evolution of the ambulance industry, as well as locally in Amador County.

Paramedic programs were established as a county option in California in 1971. Los Angeles County became the first county in California with paramedics. The popular television show *Emergency!* demonstrated the potential for improved pre-hospital care. Paramedic programs began to be established in many counties in California.

Before 1980, the responsibility for emergency medical services (EMS) and disaster medical preparedness was spread among a variety of state departments. It became clear that a more unified approach to emergency and disaster medical services was needed. The Emergency Medical Services System and Pre-hospital Emergency Medical Care Personnel Act created the Emergency Medical Services Authority in 1980.

In 1983, American Legion Ambulance Post No. 108 introduced EMT-II's to their service and it became the first time that limited Advanced Life Support was provided to the citizens of Amador County. It wasn't until the mid-1980's that Paramedics and full Advanced Life Support (ALS) capabilities were rolled out to the community.



On July 1, 2005 American Legion Post No. 108 Ambulance Service expanded its operations into Calaveras County, which nearly doubled the size of its operational area and number of personnel. Currently we employ 47 Full-Time, 27 Part-Time/ Per Diem, and 6 Administrative personnel.

Today, the Ambulance Service provides Advanced Life Support (ALS) emergency 911 response to Amador and Calaveras Counties. Daily we staff eight (8) 24-hour units and two (2) 12-hour units for response to 911 calls, covering approximately 1,400 square miles ranging from 200 ft to 9,400 ft elevation, with a population of 80,000.

American Legion Post No. 108 Ambulance Service continues to grow. In 2017-18 the Company responded to 11,757 calls for service and transported 9,631 patients. Call volume has steadily increased over the past several years, and we anticipate adding additional unit hours in 2019-20. There

has been a rise in new home construction at several planned communities and last month brought the opening of a second casino in Amador County. We are taking delivery of 2 new ambulances in mid-June and will be purchasing 2 additional each year over the next 5 years to keep our fleet ready.

Our Administrative staff participate in many local, regional and state committees so we can keep up to date on the latest in legislation, regulations, training and technology affecting our industry. We were among the first to implement State expanded scope of practice Heparin/Nitro drips in the mid 1990's, we have participated in Pre-hospital Sepsis treatment trial studies presented nationally at a hospital conference which were later developed into a regional protocol, we participate in the CARES registry for enhanced cardiac arrest survivability and have attended the Seattle Rescue One Resuscitation Academy. In 2018, we added two Critical Care Paramedics under the new State regulations in order to address the shortage of CCT resources in our area.

American Legion Post No. 108 Ambulance Service is proud of our long history of providing excellent care to our communities, and as we look back on 90 years of continual service, we are excited to see how we can grow our legacy through 100 years and beyond. *





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Unless otherwise stated, ads for this publication will be printed in Full-Color.

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AD SIZES AND RATES

Ad Size (WxH)		1x Rate	4x Rate
2 Page Spread	(16" W x 9 1/8" H)	\$1,000	\$900
Full Page	(8 1/2" W x 11" H)	\$750	\$675
2/3 Page	(5" W x 10" H)	\$450	\$405
1/2 Page Horizontal	(7 1/4" W x 4 1/2" H)	\$400	\$360
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_____ Spring _____ Summer _____ Fall _____ Winter
Material Deadlines: May 3, 2019 July 19, 2019 October 18, 2019 February 21, 2020

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For more information, contact us at: (916) 239-4095 - phone • (877) 276-1410 - toll free • www.the-caa.org



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April 13-14, 2020	2020 Stars of Life Celebration & Legislative Summit	Sheraton Grand, <i>Sacramento, CA</i>
September 22-25, 2020	2020 Annual Convention & Reimbursement Conference	Harvey's Resort, <i>Lake Tahoe, NV</i>

Please visit the Events section on the CAA website – www.the-caa.org – for continuous calendar updates.